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## Accounting for the future of health in India

*On Feb 1, 2017, the Government of India's Finance Minister Arun Jaitley presented the annual Union Budget in Parliament.<sup>1</sup> Within it, ambitious "action plans" for improving health or ameliorating disease were referenced. The plans include the elimination of several infectious diseases—visceral leishmaniasis and filariasis in 2017, leprosy by 2018, measles by 2020, and tuberculosis by 2025. Beyond disease control, national laws and regulations are to be amended or implemented to reduce the costs of medicines and medical devices nationwide, while harmonising regulations with international standards in order to attract investment into this sector. There seems to be a commitment to improve outcomes for individuals at the beginning and end of the lifecourse, with a focus on reducing maternal and neonatal mortality as well as piloting "smart cards" that hold health details of senior citizens. Jaitley also announced the introduction of "wellness centres" and the creation of two new All India Institutes of Medical Sciences in the states of Jharkhand and Gujarat modelled on India's flagship medical school in New Delhi. He also intends to scale up and strengthen medical education and training across the country, redressing the dearth of specialist doctors within secondary and tertiary levels of health care.*

*Despite the intended budgetary increase, India will still continue to spend less on the health of its population per capita and percentage of GDP than most other countries in the world.<sup>2</sup> Since health policy is largely controlled at the state level, both state and national governments need to allocate more resources to health. But, equally, earmarking funds to improve health and health care can only ever be a first step. State governments often do not spend sufficiently, and there are repeated complaints of delays in disbursements from the Centre.<sup>34</sup> And only once between 2005 and 2013, did the Ministry of Health and Family Welfare manage to spend all of its funding allocation.<sup>5</sup>*

*The reasons for the lack of political commitment to health and weak delivery systems for health financing and care are complex. Two important reasons are a lack of trust and*

*communication between sectors that contain powerful actors around health challenges and their social determinants: government, civil servants, health professionals across India's pluralistic medical landscape, local and international non-governmental organisations, the private sector, media, and academics. Another reason is weak technical capacity of the Ministry of Health and Family Welfare to implement ambitious health programmes. A further factor is India's disproportionate reliance on a growing, largely unregulated private health-care sector; estimates taken between 2003 and 2014 place out-of-pocket health-care spending somewhere between 66% to just over 80%.<sup>6 7</sup> These problems partly explain why health is not high on the agenda of the political classes or in the demands of a population that has never seen the government take responsibility for health care.*

*In addition, a refrain commonly heard from civil servants should be a cause for alarm: allocated funds do not always arrive at their intended destinations.<sup>8</sup> That many local health centres remain ill-equipped and primary care staff inadequately trained. That doctors pay-rolled by the government abscond to private practice.<sup>9</sup> And, unethical revenue generators including kickbacks, overbilling, and unnecessary prescriptions, procedures, and diagnostic tests are worryingly common practice.<sup>8</sup> Such corruption and poor quality care are crippling both the public and private health-care system.*

*Nevertheless, it is heartening to hear the Finance Minister's acknowledgment that social determinants are integrally linked to health, through his statement that "poverty is usually associated with poor health" and in his focus on "empowering rural women with opportunities for skill development, employment, digital literacy, health and nutrition".<sup>1</sup> And yet, there is still insufficient recognition that framing health largely in terms of resources, although important, is inadequate. In many other countries, health is a central and cross-cutting concern of public deliberations, much like economics or security, in all policy matters. Being that health is much more than health-care spending, attention needs to be strengthened around facilitating the social, economic, and environmental conditions for being healthy, and using a multisectorial*

*approach with a long-term view of the key benefits of current investments. These are challenges that go beyond the remit of the Ministry of Health and Family Welfare, require collaboration between the different government initiatives, and, go well beyond fire-fighting the infectious and chronic diseases the Finance Minister acknowledges hit the poor the hardest.*

*The circumstances that can lead to ill-health, and the reliance on out-of-pocket expenditure to pay for health care, are not only a pernicious burden on the poor, but are also key drivers that force people into poverty.<sup>10</sup> That being the case, the fact that the 2017 Union Budget only specifically referred to health care in relation to the country's poor and underprivileged raises an important question: why don't national and state governments make the health of all citizens a high priority? Or, at the very least, why is health not given its own due consideration within the annual budget?*

*There is no simple technical, economic, or scientific approach to making health a sustainable development priority for India. As India becomes less dependent on international health aid, difficult decisions have to be made about social actions on the determinants, levels, inequalities, and consequences of ill-health. In democracies, such decisions need to happen publicly, and decisions taken through public discourse are often better informed and serve to hold policy makers accountable. In India, however, the challenge is that health has a low status as a popular demand.<sup>11</sup> This situation has meant that the discussion on universal health coverage (UHC) has remained almost entirely confined to academic and policy circles.*

*Paradoxically, although many health-related issues are widely reported by the media and high on the public agenda—eg, alcohol-related harms, tragedies due to poor quality health care, and suicide—health, in itself, and basic access to affordable, high-quality health care has never reached the political tipping point that is so important in Indian democracy. Apart from the Andhra Pradesh elections pre-2007, in which healthcare had a prominent role, campaigns rarely see health-related issues being championed by political parties in their manifestos. And there is a difficult irony that those people who would most benefit from robust and compassionate macro-*

*level policies are the least able to advocate for them. Moreover, illness, marginalisation, and the stigma often attached to mental and physical health conditions also mean that it is because of ill-health that such groups can become even further isolated, and more unable to articulate their distress through mechanisms that can effect positive change.*

*For decades, scientific and economic reasoning, often from external sources, has dominated health policy making in India. There is now a pressing need to mobilise public opinion and engage diverse sectors to drive health to the top of the political agenda. To engender and embolden such public discourse and deliberation, on Feb 10–12, 2017, the annual Difficult Dialogues conference in Goa, India, is bringing together academics, civil society, community health workers, policy makers, and media to engage in open, frank, factual, and accessible discussions on the grand challenge of India's health. Our central missions are to provide positive examples of practice and effective tools to empower equitable and sustainable responses to India's health challenges; and to powerfully advocate for the understanding of health as a shared social value—for all Indians, and as an unequivocal priority.*

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*We declare no competing interests. SN is the founder-sponsor of Difficult Dialogues. ML, AP and SV are members of the Difficult Dialogues Steering Committee. VP will be a speaker at Difficult Dialogues 2017. PP is a member of the General Body of the Public Health Foundation of India*

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Ignore endnotes below

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<sup>1</sup> {Arun Jaitley Hon Indian Minister of Finance, 2017 #2}

<sup>2</sup> {The Lancet, 2017 #6}

<sup>3</sup> {Committee on Health and Family Welfare Rajya Sabha, 2016 #4}

<sup>4</sup> {Aiyar, 2017 #8}

<sup>5</sup> {Kalra, 2017 #1}

<sup>6</sup> {Raban, 2013 #11}

<sup>7</sup> {Jayakrishnan, 2016 #12}

<sup>8</sup> {Patel, 2015 #5}

<sup>9</sup> {Prasad, 2016 #14}

<sup>10</sup> {World Health Organization., 2010 #10}

<sup>11</sup> {Banerjee, 2009 #13}